

FIXED ASSET BETTERMENT INPUT FORM

The Commonwealth of Massachusetts



Department/ Organization Name

Office of the Comptroller

Revised As Of: 06/30/92

Document ID				FB Date	Acctg Prd
Trans	Dept	R/Org	Number		
FB					

Dept	FA Type	SW FA Number	Betterment #	Acq. Date	Acq. Method	Fund	RPTG	Prog	Obj	Project Code
CIP Revers. Flag		Serial Number		Manufacturer						
Vendor Code		Model Number		Vendor Name						
Improved Area		Plat Num		Purch Auth		In Serv Date		Units		Closing Costs
Savlage Value		SW Betterment Description								Total Betterment Cost
Betterment Cost One		Dept Asset Number		Dept Asset Desc						

Prepared By: _____	Title: _____	Date: _____	
Approved By: _____	Title: _____	Date: _____	Phone #: _____
Entered By: _____	Title: _____	Date: _____	